



Borough of Gettysburg
Shade Tree Commission
Application for Tree Permit

To be completed by the applicant:

Date:

Name: _____

Address: _____

Phone: _____

Actual location of work: _____

Date work is scheduled to begin: _____

Number of trees to be trimmed: _____

Number of trees and stumps to be removed: _____

Number and variety of trees to be planted: _____

Name of contractor: _____

Address: _____

Phone: _____

Attach insurance information.

Permit will become invalid if work is not complete within 90 days.

Signature of applicant _____